

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN		
T.	TAL OLAIMO		(Column 1)		(Column 2)]	TYPE				ENTITY	
TOTAL CLAIMS								RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMB	ER EXTRA		BASIC FEE	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			minus 20= *		*		***************************************	X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			minus 3 = *					X42=		OR	X84=		
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=		
* If the difference in column 1 is less than zero, enter "0" in colu						olumn 2	•	TOTAL	370	OR	TOTAL	The State of	
CLAIMS AS AMENDED - PART II										-	OTHER	THAN	
(Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A	0	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	. [RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***		=		X42=		OR	X84=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+140=		OR	+280=		
								TOTAL		OR	TOTAL ADDIT. FEE		
		,	ADDIT. FEE	<u> </u>		ADDII. FEE							
		(Column 1) CLAIMS	1	HIGH	mn 2) IEST	(Column 3)	Г		ADDI-			ADDI-	
AMENDMENT B	-	REMAINING AFTER AMENDMENT		PREVI	IBER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL	or Dulb and	RATE	TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	* NTATION OF MI	Minus	***	T CL AINA	=		X42=		OR	X84=		
L	rinoi Fricoc		'	+140=		OR	+280=						
							L 4	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colu	mn 2)	(Column 3)							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	* NTATION OF M	Minus	***	T CLAIM	=		X42=		OR	X84=		
<u></u>	FIRST FRESE	INTATION OF M	OLITE DE	LINDEIN	CLAIN		۱	+140=		OR	+280=		
**	If the entry in colu If the "Highest Nu	L " A	TOTAL ADDIT. FEE	,	ΩR	TOTAL ADDIT. FEE							
""		mber Previously P nber Previously Pa					r fou	nd in the app	oropriate bo	x in co	lumn 1.		

PTO/SB/06 (08-00)

Approved for use through 10/31/2002. OMB 0651-0032

U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number, PATENT APPLICATION FEE DETERMINATION RECORD OTHER THAN **CLAIMS AS FILED - PART I** SMALL ENTITY OR **SMALL ENTITY** (Column 2) (Column 1) FEE NUMBER EXTRA RATE **RATE** FOR NUMBER FILED FEE in di **BASIC FEE** s <u>370</u> \$ OR (37 CFR 1.16(a)) TOTAL CLAIMS OR minus 20 = (37 CFR 1.16(c)) INDEPENDENT CLAIMS OR minus 3 = = (37 CFR 1.16(b)) (37 CFR 1.16(d)) MULTIPLE DEPENDENT CLAIM PRESENT OR TOTAL 370 OR TOTAL * If the difference in column 1 is less then zero, enter "0" in column 2 OTHER THAN **CLAIMS AS AMENDED - PART II SMALL ENTITY** OR **SMALL ENTITY** (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-**PRESENT** REMAINING NUMBER RATE RATE TIONAL TIONAL **AMENDMENT** AFTER **PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR OR Total Minus (37 CFR 1.16(c)) OR Independent *** Minus (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 3) (Column 1) (Column 2) ADDI-ADDI-**CLAIMS HIGHEST** REMAINING PRESENT NUMBER **RATE** TIONAL **RATE** TIONAL **AMENDMENT AFTER PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR OR Total (37 CFR 1.16(c)) Minus OR *** Independent Minus OR (37 CFR 1.16(b)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) CLAIMS **HIGHEST** ADDI-ADDI-REMAINING **PRESENT** NUMBER **RATE** TIONAL RATE TIONAL **AMENDMENT AFTER PREVIOUSLY EXTRA** FEE FEE AMENDMENT **PAID FOR** OR Total Minus OR Independent Minus = OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR ADDIT. FEE * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ADDIT. FEE ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.

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